

Image# 13941119983

PAGE 1 / 1

# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Robert T. Schilling			2. Candidate's FEC Identification Number HOIL17059		
(b) Address (number and street) 367 Ave of The Cities			<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code East Moline IL 61244			3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)		
4. Party Affiliation REPUBLICAN PARTY		5. Office Sought House		6. State & District of Candidate IL 17	

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2014 election(s).  
(year of election)

**NOTE:** This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) Bobby Schilling for Congress		
(b) Address (number and street) 367 Avenue of The Cities Suite D		
(c) City, State, and ZIP Code East Moline IL 61244		

### DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) Freshman Hold'em JFC		
(b) Address (number and street) P.O. Box 75021		
(c) City, State, and ZIP Code Washington DC 20013		

*I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.*

Signature of Candidate Robert T. Schilling	Date 07/14/2013
[Electronically Filed]	

**NOTE:** Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

--	--	--	--	--	--	--	--	--